

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Apr 21 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F06056** (8)  
1. Corporation Name  
**NORTHEAST FLORIDA AIRCRAFT MAINTENANCE, INC.**

Principal Place of Business <b>Northeast Florida Aircraft Maintenance, Inc.</b>	Mailing Address <b>Northeast Florida Aircraft Maintenance, Inc.</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>855-12 St Johns Bluff Rd</b> Suite, Apt. #, etc.		2a. Mailing Address 26 <b>855-12 St Johns Bluff Rd</b> Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>11/19/1980</b>
22 <b>Craig Airport/Hangar #12</b> City & State		27 <b>Craig Airport/Hangar #12</b> City & State		4. FEI Number <b>59-2049937</b> Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>
23 <b>Jacksonville, FL</b> Zip <b>32225</b>		28 <b>Jacksonville, FL</b> Zip <b>32225</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
24 <b>Duval</b> Country		29 <b>Duval</b> Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
g. Name and Address of Current Registered Agent <b>STANFORD, DOUGLAS G ESQ % LEBOEUF, LAMB, GREENE &amp; MACRAE, LLP 50 N. LAURA STREET., STE 2800 JACKSONVILLE FL 32202</b>				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City <b>FL</b> 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BOTTENSEK, JOHN W</b>	1.2 NAME	
STREET ADDRESS	<b>855 ST JOHNS BLUFF ROAD</b>	1.3 STREET ADDRESS	<b>855-12 St Johns Bluff Rd</b>
CITY - ST - ZIP	<b>JACKSONVILLE FL 32225</b>	1.4 CITY - ST - ZIP	
TITLE	<b>ST</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SAFFELL, PAUL K</b>	2.2 NAME	
STREET ADDRESS	<b>1910 SAN MARCO BLVD</b>	2.3 STREET ADDRESS	<b>2002 San Marco Blvd, Suite 204</b>
CITY - ST - ZIP	<b>JACKSONVILLE FL 32207</b>	2.4 CITY - ST - ZIP	
TITLE	<b>VD</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DAVIS, WAYNE T JR.</b>	3.2 NAME	
STREET ADDRESS	<b>1910 SAN MARCO BLVD</b>	3.3 STREET ADDRESS	<b>2002 San Marco Blvd, Suite 204</b>
CITY - ST - ZIP	<b>JACKSONVILLE FL 32207</b>	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *John W. Bottensek* John W. Bottensek 4/14/98 (904) 641-8933  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0032349

CR2E034 (10/97)